

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Dustin Sheder QN9150

Full Name of Plaintiff

Inmate Number

v.

Cherry

Name of Defendant 1

Warholie

Name of Defendant 2

Department of Corrections

Name of Defendant 3

Laurel Harry

Name of Defendant 4

Erica Smith

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. 3:24-cv-00326

(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial

☐ No Jury Trial Demand

**FILED
SCRANTON**

MAR 06 2025

PER CP
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Sheeler, Dustin

Name (Last, First, MI)

QN 9150

Inmate Number

SCI Huntingdon

Place of Confinement

1100 Pike Street

Address

Huntingdon, PA 16652

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Cherry, unknown

Name (Last, First)

MAT Program Counselor

Current Job Title

1100 Pike Street

Current Work Address

Huntingdon, PA 16652

City, County, State, Zip Code

Defendant 2:

Warkshic, unknown

Name (Last, First)

mat Program Counselor

Current Job Title

1100 Pike street

Current Work Address

Huntingdon, PA 16652

City, County, State, Zip Code

Defendant 3:

Department of Corrections

Name (Last, First)

Department of corrections

Current Job Title

Unknown

Current Work Address

City, County, State, Zip Code

Defendant 4:

Laurel Harry

Name (Last, First)

Secretary of Corrections

Current Job Title

Unknown

Current Work Address

City, County, State, Zip Code

Defendant 5:

Erica Smith

Name (Last, First)

Director, Bureau of Healthcare Services

Current Job Title

Unknown

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

where: SCI-Huntingdon 1100 Pilce St. Huntingdon, PA 16654
when: September 19 2022

B. On what date did the events giving rise to your claim(s) occur?

September 15 2022

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

First I would like to state that I never signed any mat program contract.

I've had a history of opiod use disorder and have struggled with this since the age of 16. I've lost jobs and friendships due to this, and of course incarceration. Since being incarcerated I've gotten write ups and spent time in the RHU because of my opiod use disorder. I can't get a job and being in the RHU has put a strain on what family relationships I had left. I tried naltrexone since being incarcerated but still struggled with cravings to use. I was on Suboxone on the street for 7 years and was the most successful that I'd ever been. I was on the mat program while in Philadelphia county but due to a disagreement with a guard I was taken off for diverting. It's been a dally constant struggle

Clam. Methadone and Suboxone is the standard of care for severe and moderate opiod use Disorder and not naltrexone. The policy excludes categories from accessing medication, rather than considering there medical needs. I was denied from the mat program by both cherry and warholc. I was told by SCT Smithfield via request that I would be eligible for Subocaine injections due to my previous enrollment in the MAT program in phila county. However, once at SCT Huntington I was denied the mat program by Cherry and warholc.

The department of corrections, laurel Hary and Erica Smith are responsible for creating and implementing the policy about who can get medication for opiod disorder.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

This violates the American with disabilities (ADA) act due to Opioid use Disorder being a 'impairment'. All defendants have shown "Deliberate indifference" to a serious medical need. Section 504 of the rehabilitation act similarly provides that no otherwise qualified individual with a disability in the United States... shall, solely by reason of his or her disability be ~~excluded~~ excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

The defendants know I suffer from Opioid use disorder and refuse to let me participate in the MAT program or provide any other form of accepted treatment for this disorder despite the programs availability. This refusal is causing mental and physical pain and suffering.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

mental and Emotional injury, Physical injury from constant withdrawal and pain and suffering.

VI. RELIEF

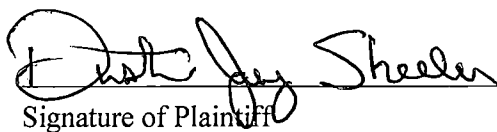
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Injunction: Allowing me to Receive Suboxone or Sublocade shots.
Declaration: That the acts and omissions described herein violate plaintiff's rights under the constitution. Compensatory Damages in the amount of \$50,000 against each defendant, Jointly and severally. \$50,000 in punitive Damage.
A Jury trial on all issues triable by jury.
Seeks recovery of his cost in this suit.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.


Signature of Plaintiff

3-1-2025

Date

Smart Communications/PADOC
sci-Huntington
Name Justin Shreker
Number QIN 9150
PO Box 33028
St Petersburg FL 33733

* Legal Mail *

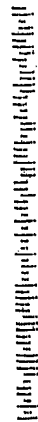
PER DJ
MAR 06 2025

DEPUTY CLERK

Office of the Clerk

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA
235 North Washington Avenue
PO Box 1148
Scranton, PA 18501-1148

1850181148



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JOHNSTOWN
INVESTIGATIVE
DEPARTMENT
OF CORRECTIONS

